

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

THIS FORM IS TO BE USED
ONLY BY POLITICAL
SUBDIVISIONS

REQUEST FOR EXEMPTION FROM INSURING LIABILITIES UNDER THE
MINNESOTA NO-FAULT AUTOMOBILE INSURANCE ACT FOR 2011

APPLICATION

Initial Application Fee = \$2,500

Renewal Application Fee = \$1,200

CHECK ONE:

Initial Application_____

RenewalApplication_____

- _____
1. Name and state whether a city, county, etc.

- _____
2. Mailing Address.

- _____
3. State the name, address, telephone number, e-mail address and title of the person to whom inquiries pertaining to this matter are to be directed.

- _____
4. Give the ending date of the applicant's fiscal year.

- _____
5. If applicable, state the name, address and telephone number of the vendor of risk management services the applicant has employed.

6. If you have not employed a vendor of risk management services, list the name and qualifications of the persons performing the associated tasks.

7. State the number of vehicles registered in the name of the applicant.

8. Please attach the required fee. Notice that the fee is non-refundable in all circumstances.

9. Since the applicant is a political subdivision, and if this is a new application, then a resolution from its governing body authorizing it to seek self-insurance authority must be included within the application. A new application not including an authorizing resolution will be considered incomplete until the required resolution is included.

10. Are you audited by the State Auditor? _____. If the answer is yes, give the date of the last audit and the period the audit covered.

11. List all excess insurance applicable to motor vehicle accidents, with name(s) of insurer(s), policy number(s) and limits of liability.

Signature and Title of Person Completing Form

**AGREEMENT AND ACKNOWLEDGMENT TO BE ATTACHED TO
APPLICATION FOR SELF-INSURANCE**

Applicant hereby agrees to pay all assessments and to participate in the Assigned Claims Plan provided in the Minnesota No-Fault Automobile Insurance Act.

Applicant acknowledges that it is subject to the Minnesota Unfair Trade Practices Act (Chapter 72A).

Applicant agrees to discharge fully and promptly all payments and obligations which are now due or shall become due under the provisions of the Minnesota No-Fault Automobile Insurance Act and amendments thereto; to furnish the Commissioner of Commerce such further information as may be requested as a condition to the privilege of exemption from insuring liabilities under the Minnesota No-Fault Automobile Insurance Act.

Applicant _____ authorized to do business in Minnesota as a foreign corporation.
(is) (is not)

Applicant as a further consideration for the granting of a self-insurance permit, hereby agrees that it is doing business and has a situs within the State of Minnesota for all purposes within the meaning, intent and scope of the Minnesota No-Fault Automobile Insurance Act and applicant hereby appoints _____,
(Name) (Address)

and the Commissioner of Commerce of the State of Minnesota as its agent, upon whom service of notice and process may be had in the manner and in accordance with the Minnesota No-Fault Automobile Insurance Act in all proceedings under said Act, and service upon whom shall be deemed to be personal service upon the applicant, which appointment of said agent shall remain in effect for said purposes covering all proceedings arising out of motor vehicle accidents.

The undersigned makes this application with full knowledge that the Minnesota No-Fault Automobile Insurance Act provides that any exemption granted may be revoked by the Commissioner of Commerce.

(Name of Applicant)

By _____
(Name) (Title)

Dated at _____,
(City or Town)

_____, 20____.

AFFIDAVIT

(The person subscribing the affidavit below should be the applicant him or herself; or, if the applicant be a partnership, one of the partners; or, if the applicant be a corporation, its president, vice president, secretary or treasurer.)

State of _____)
) ss.
County of _____)

_____ first being duly sworn on oath deposes and says that he is the person who signed the foregoing application for the applicant therein named and that he is acquainted with the affairs of said applicant to which the representations and statements set forth in the foregoing application relate, that he has read said application, knows the contents thereof and that said representations and statements therein contained are true to the best of his knowledge, information and belief.

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, A.D. 20____.

(Notary Public)

_____ County, _____
(State)

My commission expires _____.

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial
Applicant's Address	City, State, Zip Code	
Applicant's Social Security No.	Position (Officer, Partner, etc.)	
Business Name		
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number		

Signature

Date